

RECEIVED  
CENTRAL FAX CENTER

APR 03 2006

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/516,500	
	Filing Date		
	First Named Inventor	JL Hancke et al	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	Herbal P

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	
Date	see below date

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: see below date	
Typed or printed name	Mark Pohl
Signature	Date 3 Apr 06

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED  
CENTRAL FAX CENTER

APR 03 2006

PTO/SB/97 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office Central Fax Center  
(571)273-8300

on 3 Apr 06  
Date

/s/

Signature

Mark Pohl

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify  
each submitted paper.

The submitted papers are enumerated on the enclosed Transmittal Form,  
PTO Form SB/21.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

**UNITED STATES PATENT AND TRADEMARK OFFICE**

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

MARCH 14, 2006

PTAS

PHARMACEUTICAL PATENT ATTORNEYS LLC  
ATTENTION: MARK POHL (P 4014)  
55 MADISON AVENUE, 4TH FLOOR  
MORRISTOWN, NJ 07960-6397



\*103130618A\*

UNITED STATES PATENT AND TRADEMARK OFFICE  
NOTICE OF NON-RECORDATION OF DOCUMENT

DOCUMENT ID NO.: 103130618

THE ENCLOSED DOCUMENT HAS BEEN EXAMINED AND FOUND NON-RECORDABLE BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. THE REASON(S) FOR NON-RECORDATION ARE STATED BELOW. DOCUMENTS BEING RESUBMITTED FOR RECORDATION MUST BE ACCOMPANIED BY A NEW COVER SHEET REFLECTING THE CORRECT INFORMATION TO BE RECORDED AND THE DOCUMENT ID NUMBER REFERENCED ABOVE.

THE ORIGINAL DATE OF FILING OF THIS ASSIGNMENT DOCUMENT WILL BE MAINTAINED IF RESUBMITTED WITH THE APPROPRIATE CORRECTION(S) WITHIN 30 DAYS FROM THE DATE OF THIS NOTICE AS OUTLINED UNDER 37 CFR 3.51. THE RESUBMITTED DOCUMENT MUST INCLUDE A STAMP WITH THE OFFICIAL DATE OF RECEIPT UNDER 37 CFR 3. APPLICANTS MAY USE THE CERTIFIED PROCEDURES UNDER 37 CFR 1.8 OR 1.10 FOR RESUBMISSION OF THE RETURNED PAPERS, IF THEY DESIRE TO HAVE THE BENEFIT OF THE DATE OF DEPOSIT IN THE UNITED STATES POSTAL SERVICE.

SEND DOCUMENTS TO: U.S. PATENT AND TRADEMARK OFFICE,  
MAIL STOP: ASSIGNMENT SERVICES BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.  
IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,  
YOU MAY CONTACT THE INDIVIDUAL WHOSE NAME APPEARS ON THIS NOTICE AT  
571-272-3350.

1. THE COVER SHEET SUBMITTED FOR RECORDING IS NOT ACCEPTABLE. AN EXECUTION DATE MUST BE INDICATED FOR EACH CONVEYING PARTY.

DIANE RUSSELE, PARALEGAL  
ASSIGNMENT SERVICES BRANCH  
PUBLIC RECORDS DIVISION

BEST AVAILABLE COPY

12-06-2005

10/516500  
DT05 Rec'd PCT/PTO 0-2 DEC 2004Form PTO-1595  
(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

Tab settings



103130618

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

## 1. Name of conveying party(ies):

Juan L. HANCKE and Rafael BURGOS

## 2. Name and address of receiving party(ies)

Name: Hebal Powers Corporation

Internal Address:

Legal Department

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

## 3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☐ Other

Street Address: 1303 Riverview Circle N.W.

City: Bradenton State: FL Zip: 34209

Execution Date: 3 Nov 04

Additional name(s) & address(es) attached? ☐ Yes ☒ No

## 4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is 11.04

A. Patent Application No.(s)

10/516,500

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

## 5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Pharmaceutical Patent Attorneys LLC

Internal Address:

Attention: Mark POHL (P 4014)

6. Total number of applications and patents involved: ☐

7. Total fee (37 CFR 3.41).....\$ 40.

☒ Enclosed☐ Authorized to be charged to deposit account

## 8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

12/08/2004 GFREY1 00000137 10516500

01 FC:8021

Street Address: 55 Madison Avenue, 4th floor

City: Morristown State: NJ Zip: 07960-6397

DO NOT USE THIS SPACE

## 9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Mark Pohl (Reg. No. 35325)

Name of Person Signing

Signature

29 Nov 04

Date

Total number of pages including cover sheet, attachments, and documents: ☐Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231

BEST AVAILABLE COPY

Sample Form (Former PTO/SB/16) (10-03)

<b>ASSIGNMENT OF APPLICATION</b>	Docket Number (Optional) Herbal Powers
----------------------------------	---

Whereas, I/We, Juan L. HANCKE of Valdivia, Chile, hereafter referred to as applicant, have invented certain new and useful improvements in Composition of Diterpene Labdanes Extracted from Andrographis paniculata; Useful for the Treatment of Autoimmune Diseases, and Alzheimer Disease by Activation of p38 Gamma

☐ for which an application for a United States Patent was filed on \_\_\_\_\_

Application Number \_\_\_\_\_

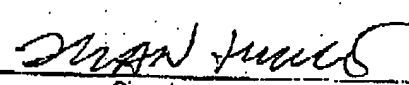
☒ for which an application for a United States Patent was executed on even date herewith \_\_\_\_\_ and \_\_\_\_\_

Whereas, Herbal Powers Corporation of Bradenton, Florida here referred to "assignee" whose mailing address is 1303 Riverview Circle NW, Bradenton FL 34209 USA is desirous of acquiring the entire right, title and interest in the same; together with all related U.S. application(s) and patents; and all related international patent application(s).

Now, therefore, in consideration of the sum of one U.S. dollars (\$ 1.00), the receipt whereof is acknowledge, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire rights, title and interest in and to any and all Patents which may be granted therefore in the United States. I/We hereby authorize and request the Director of the U.S. Patent and Trademark Office to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof; and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 03 day of November, 20 04

at Valdivia, Chile

  
 Signature

State of \_\_\_\_\_ SS: Juan L. HANCKE

County of \_\_\_\_\_ Printed Name/Registration No., if applicable

Before me personally appeared said \_\_\_\_\_

and acknowledged the foregoing instrument to be his free act and deed this \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_\_

Seal

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of \_\_\_\_\_ forms are submitted.

This form is available in multiple or suggested format for an assignment document. This sample form is not an OMB officially approved form.

BEST AVAILABLE COPY

Sample Form (Form # TO/ST/15) (01-03)

<b>ASSIGNMENT OF APPLICATION</b>	Docket Number (Optional) Herbal Powers
----------------------------------	---

Whereas, I/We, Rafael BURGOS of Valdivia, Chile, hereafter referred to as applicant, have invented certain new and useful improvements in Composition of Diterpenic Labdanes Extracted from Andrographis paniculata, Useful for the Treatment of Autoimmune Diseases, and Alzheimer Disease By Activation of p39-Gamma

☐ for which an application for a United States Patent was filed on \_\_\_\_\_

Application Number \_\_\_\_\_

☒ for which an application for a United States Patent was executed on even date herewith, and

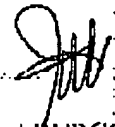
Whereas, Herbal Powers Corporation of Bradenton, Florida here referred to "assignee" whose mailing address is 1303 Riverview Circle NW, Bradenton FL 34209 USA is desirous of acquiring the entire right, title and interest in the same;

together with all related U.S. application(s) and patents, and all related international patent application(s).

Now, therefore, in consideration of the sum of one U.S. dollars (\$ 1.00), the receipt whereof is acknowledge, and other good and valuable consideration, I/We, the applicant(s), by these presents do sell, assign and transfer unto said assignee the full and exclusive right to the said invention in the United States and the entire rights, title and interest in and to any and all Patents which may be granted therefore in the United States. I/We hereby authorize and request the Director of the U.S. Patent and Trademark Office to issue said United States Patent to said assignee, of the entire right, title, and interest in and to the same, for his sole use and behoof, and for the use and behoof of his legal representatives, to the full end of the term for which said Patent may be granted, as fully and entirely as the same would have been held by me had this assignment and sale not been made.

Executed this 03 day of November, 2004

at Valdivia, Chile

  
 Signature  
Rafael BURGOS  
 Printed Name/Registration No., if applicable

State of \_\_\_\_\_ SS: \_\_\_\_\_  
 County of \_\_\_\_\_

Before me personally appeared said \_\_\_\_\_  
 and acknowledged the foregoing instrument to be his free act and deed this \_\_\_\_\_  
 day of \_\_\_\_\_ 20\_\_\_\_

Seal

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of \_\_\_\_\_ forms are submitted.

This form offers a sample or suggested format for an assignment document. This sample form is not an OMB officially approved form.

BEST AVAILABLE COPY